i state ortant.	MAR 22 1027 BUREAU OF V	/ITAL STATISTICS
ted EXACTLY. PHYSICIANS should state tement of OCCUPATION is very important.	Township Primary Registrati	on District No. 4286 Registered No. 81. Ward)
	(a) Residence, No. 1/est Canton Si (Usual place of abode)	REAU OF VITAL STATISTICS CERTIFICATE OF DEATH    17033   File No.   17
Σξ \$3ξ \$4ξ	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ould be carefully supplied. AGR should be stated EXACTL so that it may be properly classified. Exact statement of OC	3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (works the word)  Male   Black   Widowed	
uld be st Exact st	5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ann Venov	I last saw h alive on FRG 7, 19.7 Death is said
N. B.—Every item of information should be carefully supplied. AGB shot CAUSE OF DEATH in plain terms, so that it may be properly classified.	7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.	The principal cause of death and related causes of importance were as follows  Date of ease
	8. Trade, profession, or particular kind of work done, as spinner, Novelty worker sawyer, bookkeeper, etc.  9. Industry or business in which	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc	Other contributory causes of importance:
	12. BIRTHPLACE (CITY OR TOWN) Lewis County (STATE OR COUNTRY) MISSOURI	
	13. NAME ISSAC DAde  14. BIRTHPLACE (CITY OR TOWN) Unknown	Name of operation
	(51/112-01/045/1111)	23. If death was due to external causes (violence), fill in also the following:
	15. MAIDEN NAME Aunt Frankie 16: BIRTHPLACE (CITY OR TOWN)	Where did injury occur?
	17. INFORMANT Julia Dade (ADDRESS) Canton, Missouri	
	18. BURIAL, CREMATION, OR REMOVAL	Nature of injury
	19. UNDERTAKER Earl H. Barklay (ADDRESS) Canton, Lissouri	If so, specify
	20. FILED Peb. 20, 19 37 Thursdaves.  Registrar.	(Address) Colors

